

**EXHIBIT J**



<b>PRODUCER</b> A. S. M. Brokerage Corp. 9122 Flatlands Avenue Brooklyn, New York 11236 (718) 272-6788		<b>DATE</b> 2/26/2000	
<h2 style="margin:0;">ACORD CERTIFICATE OF LIABILITY INSURANCE</h2>		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b> MARIE GRASSO DBA MMS DESIGNS 85 MEAD LOOP STATEN ISLAND, NY 10309		<b>COMPANIES AFFORDING COVERAGE</b> COMPANY A NORTH SEA INS CO COMPANY B State Insurance Fund COMPANY C COMPANY D	

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES/OPERATIONS <input type="checkbox"/> UNDERGROUND <input type="checkbox"/> EXPLOSION & COLLAPSE HAZARD <input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPER <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> PERSONAL INJURY	CLP3148251	12/5/2003	12/5/2004	BODY INJURY OCC \$ BODY INJURY AGG \$ PROPERTY DAMAGE OCC \$ PROPERTY DAMAGE AGG \$ BIA PO COMBINED OCC \$ 1,000,000 BIA PO COMBINED AGG \$ 2,000,000 PERSONAL INJURY AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS (MOTOR POSES) <input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PASSENGER) <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				BODY INJURY (per person) \$ BODY INJURY (per accident) \$ PROPERTY DAMAGE \$ BODY INJURY & PROPERTY DAMAGE COMBINED \$ EACH OCCURRENCE \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
b	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/ PARTNER/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	V13C93109	12/7/2003	12/7/2004	EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$

DEFINITION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS  
 1671 WEST 10TH ST BRKLYN NY  
 ADDIT INSURED

**CERTIFICATE HOLDER**

FOURTH RIGHT CONSTRUCTION  
 2240 MCCONALD AVE  
 BROOKLYN NY 11223

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 20 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. IF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

[illegible]